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APPLICANTS Peter Stangel, Nyack, NY; ** CONTINUING DATA ***** None ** FOREIGN APPLICATIONS ***** None IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 03/12/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>Dale K. Subang</i> Initials <i>DS</i>		STATE OR COUNTRY NY	SHEETS DRAWING 13	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 8
ADDRESS 22191					
TITLE Clinical care utilization management system					
FILING FEE RECEIVED 755	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		